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LEADING ARTICLES

THE OWEN BILL FOR THE ESTABLISHMENT OF A FEDERAL DEPARTMENT OF HEALTH, AND ITS OPPONENTS.

S. ADOLPHUS KNOPF, M. D.

NEW YORK CITY.

Professor of Phthisio-therapy at the Post-Graduate Medical School and Hospital.

Anyone who is familiar with the workings of governmental departments of health such as exist abroad, who has seen or experienced the sanitary benefits bestowed upon the people by the Reichs-Gesundheitsamt of Germany (Imperial Department of Health), the Conseil Superieur de Snate Publique de France, and the similar institutions of most European governments, cannot help feeling amazed that any opposition should exist to the establishment of a federal department of health in this country. This amazement becomes all the greater when one considers some of the elements of which the opposition to that measure is composed. There is, for example, the New York Herald, a large and influential newspaper with an honorable career and a brilliant record for advocating everything that is conducive to the public welfare. Only in this particular instance has it allowed itself to become the mouthpiece of principles to which it is in general opposed, that is to say principles and measures whereby the good of the people at large and the progress and welfare of mankind are hindered, and the lives of individual American citizens endangered. This particular newspaper is independent of any political party, or professional or religious association which might prejudice its point of view, and still it opposes a measure whereby all citizens of the country would benefit. The writer cannot help thinking that this powerful news organ has not informed itself thoroughly of the real purpose and function of a federal department of health, and in its attack upon a large body of men such as compose the American Medical Association, the American Public Health Association, the National Association for the Study and Prevention of Tuberculosis, the American Association for the Advancement of Science and the various medical academies of the country it is certainly misguided. It is to be hoped that the distinguished editors of the New York Herald will soon see that in their attitude toward the Owen Bill they are not on the side of the people but are working against the welfare and interests of the masses.

The principle of the Owen Bill, establishing a Department of Health, has been endorsed by the President of the United States, by General George M. Sternberg, Surgeon General of the Army (retired) and Rear-Admiral Charles F. Stokes, Surgeon General of the Navy, by General Walter Wyman of the Public Health and Marine Hospital Service, by Dr. Harvey W. Wiley of the Bureau of Chemistry; by governors of states, by the Conference of State and Territorial Boards of Health; by the United Mine Workers of America; by the National Grange; by the Republican and Democratic platforms, and by numerous other organizations.

What is the principle of this bill which is advocated by thousands of men trained in medicine or sanitary science and interested in the public welfare?

Section 7, which embodies the main purpose of the Owen Bill, reads as follows: "That it shall be the duty and province of such a Department of Public Health to supervise all matters within the control of the Federal Government relating to public health and to diseases of animal life."

Section 2 of this bill deals with the unification under a secretary of public health of the various agencies now existing which

affect the medical, surgical, biological or sanitary service.

There has recently been formed an organization which calls itself "The National League for Medical Freedom." It has for its purpose to combat the Owen Bill; it is opposed to the establishment of a Federal Department or Bureau of Health. The name of this organization is certainly, if not intentionally, misleading. It cannot claim to battle for medical freedom for there is not a word in the entire bill which could be interpreted as limiting the practice of medicine to any particular school. Their claim that the establishment of such a bureau of health would have any resemblance to a medical trust is entirely unfounded.

The life insurance and industrial insurance companies which advocate this bill certainly have no desire to limit medical freedom or to repress any system which offers the chance of lengthening human life. These companies do not favor medical partisanship and their sole interest is to prolong the lives of their policy-holders by whatever means possible. Their actuaries state specifically that they believe human life could and would be lengthened by the establishment of a Federal Department of Health.

Lee K. Frankel, Ph. D., representing the Metropolitan Life Insurance Co., is a member of the Committee of One Hundred appointed by the American Association for the Advancement of Science to further the propaganda for the establishment of such a department. Neither the above mentioned great newspaper nor any of the leading spirits of the "National League for Medical Freedom," all of whom I regret to say have allowed themselves to ascribe the worst motives to the members of the Committee, will deny that the names of the officers of this Committee show that it is thoroughly representative of the highest type of American citizenship. The officers of the Committee of One Hundred are:

President: Irving Fisher, Ph.D., Professor of Political Economy at Yale University.

Secretary: Edward T. Devine, Ph. D., LL. D., Professor of Social Economy, Columbia University and Secretary of the New York Charity Organization Society.

Vice-Presidents are: Rev. Lyman Abbott, D.D., LL. D., Emeritus Pastor of Plymouth Church, editor of the Outlook; Jane Addams, A. M., LL. D., founder and headworker of the Hull House Settlement; ex-president of the National Conference of Charaties and Correction; Felix Adler, Ph. D., Professor of Political and Social Ethics, Columbia University; leader of the N. Y. Society for Ethical Culture; James B. Angell, A. M., LL. D., professor of Modern Languages and Literature and President Emeritus of the University of Michigan; Joseph H. Choate, LL.D., D.C.L. (Oxford), Diplomat and United States Senator; Charles W. Eliot, A.M., LL. D., President Emeritus of the University of Harvard; Rt. Rev John Ireland, LL. D., Archbishop of St. Paul; Ben B. Lindsey, Judge, Reformer and Author, Denver, Colo.; John Mitchell, President of the Labor Union of America; Wm. H. Welch, M.D., LL. D., Professor of Pathological Anatomy, Johns Hopkins University.

Need I say anything in defense of the Committee of One Hundred after having given the names of its officers?

Direct and most unkind comments, not to use a stronger term, have been directed especially against one vice-president of the committee representing the medical profession. I refer to Dr. Wm. H. Welch, M.D., LL. D., president of the American Medical Association. Those who know Dr. Welch and even those who only know of him, would justly think it absurd if I should see the need to say even a word in defense of this master of medical science. To us it is indeed difficult to understand that there could be any man or woman in this land capable of speaking ill of Dr. Welch. There is no name in the medical world which is more honored in this country and abroad, no medical teacher more admired, no one who has a larger following than this Johns Hopkins professor of pathology, and no physician more beloved and looked up to as representing all that is best and noblest in the profession than Dr. Welch. If there is any man in the American medical profession who is unselfishly devoting his high intelligence, his time, and his means to the public welfare it is Dr. Welch. Gladly do we acknowledge him as our leader.

To accuse the president and members of the American Medical Association of selfish motives in advocating the establishment of a Federal Department of Health is absurd. If there ever was an unselfish movement inaugurated, it is this one. It is a movement by physicians for the reduction of disease which ipso facto means a movement against their financial interests.

The writer is a member of the regular profession; he nevertheless would not wish for a moment to limit the freedom of any citizen to choose his physician from some other school or cult, providing the individual assuming the function and responsibilities of a physician had the training neces-

sary to prevent him from endangering the life of his patient by lack of medical knowledge or skill.

The official mouthpiece of this "National League for Medical Freedom" is Mr. B. O. Flower who had heretofore the reputation of a fighter for everything involving the spiritual, social, and physical progress of humanity, and it is inexplicable to many of his admirers how he can lead a movement opposed to the improvement of the health of the nation. The vast majority in the ranks of the so-called "League," though they may be well meaning, noble, and earnest, are not men and women who have toiled patiently for years in order to acquire the thorough scientific medical training which enables one to assume that great responsibility of the care and treatment of the sick. They are unable to appreciate the inestimable value of federal help in preventing disease. These people are blindly following certain individuals who designate the regular profession as a medical trust, and accuse the thousands of noble men and women who are devoting their lives to the alleviation of human ills of a desire to monopolize medical practice. The establishment of a federal department of health would mean pure food, pure medicine, control of plagues and epidemics, the advancement of medical science and through it the improvement of the health and increase of material wealth of the nation. It is said that many of the individuals opposing the Owen Bill are commercially interested in the manufacture of drugs or patent medicines, of which latter the American people swallow about $200,000,000 worth annually. Whether it is true or not that the National League for Medical Freedom is backed financially by drug manufactures and patent medicine concerns, I am not prepared to say; yet even these men have nothing to fear from a Federal Department of Health if the drugs they put on the market are pure and the claims made for patent medicines do not delude the public or endanger its health. The element which clamors most loudly for medical freedom is composed in many instances of men and women who have attended one or two courses of lectures or got their "degrees" without any training at all, and have developed into "doctors" and "healers" in a most remarkably short space of time.

Because the American Medical Association has always advocated a thorough medical education, is pleading constantly for pure drugs, is opposed to quackery, patent medicines and nostrums, its 40,000 members are considered a medical trust. Yet it is in the ranks of this very American Medical Association that are found the greatest number of unselfish devotees to preventive and curative medicine. It is among this association that are found the men who have added the greatest glory to the medical and scientific reputation of this country. America's greatest surgeons—Marion Simms, Gross, Sayer, O'Dwyer, Bull—were members of this association. McBurney, Jacobi, Stephen Smith, Welch, Osler and Trudeau have graced this association by their membership for nearly half a century. The heroes in the combat against yellow fever—Reed, Lazare, and the hundreds of others who have devoted their best energies and knowledge and often sacrificed their lives for the sake of medical science were members of the American Medical Association.

One of the most illustrious members of the American Medical Association is its former president, Col. William C. Gorgas of the U. S. Army, Chief Sanitary Officer at Panama, an adherent to the regular school. It is thanks to the genius, the scientific and thorough medical training of Dr. Gorgas that the formerly deadly isthmus of Panama has now become as sanitary a region as any. A great patriotic enterprise, important to commerce and the welfare of nations, was made possible by this man. He has labored and is constantly laboring for the establishment of a federal department of health, because he knows the inestimable benefit which such a department would bestow upon the nation.

Whatever advance has been made in medical science in America or in Europe has been made by scientifically trained men or by physicians not without but within the ranks of the regular profession. The greatest benefactors of mankind are those who diminish disease by prevention and cure. As another illustrious example of medical benefactors, may I be permitted to cite that great trinity of scientific giants who through their labors have accomplished so much in reducing disease and lessening human misery in all parts of the globe? They are Pasteur of France, Lister of England, and Koch of Germany; all of them aided their governments by direct participation in the governmental health departments. We are still mourning the death of perhaps the greatest of the three —Robert Koch. I do not believe that there is, even in the camp of our opponents in this so wrongly called "League for Medical Freedom," a single intelligent individual who will deny the inestimable benefits which Koch has bestowed upon mankind

through his discovery of the germs of tuberculosis, of cholera, of the spores of anthrax, of tuberculin, and through his many other equally important scientific labors. Yet, had it not been for the Imperial German Reichs-Gesundheitsamt, which is the equivalent of the institution we are striving for—a federal department of health—Koch never would have been able to devote his life, energy, and great genius to those important discoveries through which thousands of lives have been saved in all civilized countries during the past few decades. It was while working in this governmental institution, which is doing exactly the work the Owen Bill asks the federal department to do, that Koch discovered the tubercle bacillus and the bacillus of cholera. Because of the discovery of the coma bacillus, we no longer have those fearful cholera epidemics which formerly decimated our own and other countries. This disease can now be easily diagnosed and by proper quarantine its mortality can be reduced to a minimum. And what shall we say of the progress that has been made in the fight against tuberculosis because the Federal Department of Health of Germany enabled Koch to do research work and thus discover the bacillus of tuberculosis to be the primary and only direct cause of the disease? As director of the Hygienic Institute and member of the Reichs-Gesundheitsamt he inaugurated that wonderfully effective campaign against tuberculosis whereby the mortality from this disease in Germany has been reduced to nearly one-half of what it was prior to the discovery of the tubercle bacillus.

Under Koch's inspiration and guidance and in the same institute many great scientific discoveries of incalculable value to humanity were made. Foremost among them are the works of Ehrlich, one of Koch's most celebrated pupils, who recently gave to the world a new remedy which promises to prove a specific in an affliction from which mankind has suffered for centuries.

As co-worker in the Kaiserliche Gesundheitsamt and the Institute for Infectious Diseases, affiliated therewith, we must also mention Behring, the discoverer of the anti-diphtheritic serum. Thanks to the discovery of this serum thousands of young lives are now saved which would formerly have fallen victims to the terrible disease known as malignant diphtheria. This was made possible by the opportunity given to the workers in the Reichs-Gesundheitsamt and Imperial Institute for Infectious Diseases.

Can there be any better argument in favor of the establishment of a Federal Department of Health?

ALTERATIONS IN STOOLS AS INDICATIONS FOR CHANGE OF FOOD IN INFANTS*

JOHN ZAHORSKY, M. D.

ST. LOUIS.

Every practitioner is familiar with the normal stool of breast-fed infants. The stool of the artificially-fed infant resembles that of the breast-fed baby except that in the case of those fed on some cereal decoction, or a milk mixture containing it, the stool is darker. When cows' milk is given the stools are lemon yellow and not orange yellow as the stools of those receiving breast milk.

But what is the significance of the various changes in the stools and what therapeutic measure is necessary to restore them to a normal state? First, we will consider change in color.

The Green Stool.—The change of the color to a pale or even dark green indicates that the bilirubin of the stool has been oxidized to biliverdin. There is considerable difference of opinion on what this change depends. As bacteria have a reducing power, the change probably does not depend on putrefaction or fermentation. Since putrefactive processes would change the yellow bilirubin to the colorless hydrobilirubin; and as bacterial activity is strongest in the colon, the usual condition which favors the green stool is that the intestinal contents have been hurried through the colon. Wernstedt proved that green stool contains much mucus and he thought he discovered the green pigment especially intense around extravasated leucocytes. I was unable to confirm these observations. True, mucus is always present, but this only indicates that an irritant exists in the intestinal canal. It is probably that this irritant causes an outpouring of serum and this furnishes a ferment which in the presence of oxygen changes the yellow to green pigment. Hence the green stool as far as we know indicates that some irritant is present in the small intestine. It may be a purgative, as calomel or castor oil. It may be the products of sugar or fat decomposition, and the volatile acids formed no doubt are often the immediate cause. In breast-fed infants the green stool may be persistently present without affecting the

*Based on remarks made before the Franklin County Medical Society, June, 1910.

health or growth of the infant. The green stool of the baby who is starved still remains unexplained.

Grass-green stools containing much mucus are symptomatic of follicular enteritis, a serious organic disease of infants, but, most commonly, light green stools merely indicate intestinal indigestion. The indication then is to clean out the intestinal canal preferably with magnesia, or rhubarb, and so change the food that no irritant is formed in the intestine. This as a rule means the reduction of the fat and carbohydrates, one or both, in the diet.

The Grey or Clay Colored Stool.—This has been generally regarded as one deficient in biliary secretion, but this is not true. While in rare cases of congenital atresia of the biliary ducts and in catarrhal jaundice no bile reaches the alimentary canal, and the stool is consequently colorless, the grey stool with these exceptions always contains biliary coloring matter, but the yellow bilirubin has been changed by the reducing power of bacteria to the colorless hydrobilirubin. The grey stool, then, indicates excessive intestinal putrefaction and while depending on an excess of protein is very much aggravated by an excess of fat. It is these cases which often improve after a good dose of calomel, not that this drug increases the quantity of bile, but it inhibits intestinal putrefaction and hurries the bacteria out of the colon. The rule is to change the diet to a pure carbohydrate mixture for a few feedings or for one or more days if necessary. Some cereal decoction, such as rice water or barley water, is usually chosen to which some milk, especially skim milk, may gradually be added. The putrefaction may also be modified by adding milk sugar in large percentage to the food. The popularity of malted milk, I think, depends on its antiputrefactive quality, and this it derives from its contained maltose and lactose.

The Black Stool.—This in practice most commonly depends on the administration of some bismuth salt. It is, however, the sign of intestinal or gastric hemorrhage in children. It should be remembered that iron often makes the stool green or black. Certain fruits and vegetables also color the stool dark.

Curds in the Stool—It is generally conceded now that curds in the stool signify fat indigestion. The white soft curds are almost always due to soaps, that is compounds of calcium and fatty acids. The hard curds have a nucleus of casein, but are enveloped by pure fat or soaps. The curds of soap are soluble in acidulated ether, while the hard curds are not soluble. The curds of casein become very much hardened by formicaldehyde solution, while it does not effect the soap curds. When curds are found in the stool the indication is to diminish the fat in the food, that is give skim milk or buttermilk. If true casein curds are present, peptonizing the milk is usually efficient. It should be remembered that the digestion of fat is inhibited by either an excess of casein or carbohydrate and, therefore, the soap curds may often be made to disappear by lowering either the protein or the carbohydrate percentage in the milk mixture.

The Hard and Dry Stool.—This is usually light in color and almost never occurs in breast-fed infants. It depends first on an excess of calcium soaps in the stool, and in the second place on a slow advance through the colon and sigmoid where the watery part is rapidly absorbed. This hard and dry stool is probably the most frequent cause of constipation in infants, and it is at times exceedingly difficult to correct. If the stool also has an offensive odor, it indicates that putrefaction is going on at the same time. Too often these cases are treated by prescribing an increase of the cream in the milk with the intention of causing the stool to soften. This, as a rule, only aggravates the condition. When the stools are hard and light colored the fat must be diminished. The sugar should be increased. Maltose acts well in these cases. One or two feedings of malted milk may be given daily, or some extract of malt added to each bottle.

The treatment of the hard and dry stool is to reduce the fat and increase the soluble carbohydrates in the diet. Light brown sugar has served me well as a substitute for cane sugar in some of these cases.

The Liquid Stool.—This usually indicates excessive bacterial activity in the intestinal canal, especially fermentation. It is prone to occur when the carbohydrates are in excess. Maltose is especially likely to favor fermentation and as a result liquid frequent stools are present. Putrefactive changes also favor the liquid stool. Certain foods containing a relatively high percentage of inorganic salt are often accompanied by the liquid stool, such as whey and meat infusions. Finally, grave disease of the intestine by the large amount of serum and mucus that is poured out favors the liquid stool. Probably, the most common cause of the liquid stool is that the

contents of the small intestine which are always liquid, are hurried through the colon. It is in this part of the intestine where the contents begin to change to a semi-solid mass. Any agent, therefore, which inhibits the movements of the intestinal contents through the colon hardens the stool. Of all agents, opium or its preparations acts most effectively and it is always a popular remedy in diarrhea, but it must be used with caution, since it may lock up bacteria or their products which the body is attempting to eliminate, and which might lead to more serious local or general disease. It is best as a rule to treat the liquid stool by cleansing the intestinal canal changing to a harmless cereal decoction and gradually adding other foods as the digestive apparatus tolerates. The stool will become less liquid when the intestines are less irritable to local stimuli, as in enteritis, or the contents are not decomposed by bacteria. Bismuth salts are still very popular in this disorder.

The Mucus Stool.—Excessive amount of mucus in the stool indicates that an irritant is present in the colon and occurs in a variety of conditions. It is always present after a brisk purgative. It may depend on some simple indigestion or severe ulcerative conditions (dysentery). The treatment is for the conditions on which the mucus depends.

1460 S. Grand Ave.

STENOGRAPHY FOR PHYSICIANS AND NURSES.

A. L. BENEDICT, M. D.

BUFFALO.

Rightly or wrongly, much of the instruction of medical students and pupil nurses, is given by lectures. The benefit of a rapid system of note taking is obvious. So, too, in laboratory and clinical study, the recording of observations is important. From practical experience, we can attest the value of stenography as an aid to the student. In later life, much of our education, along both professional and general lines, is gained by listening to lectures—often not dignified by this term. A little reflection will convince any physician that most of the best papers and reports that he hears at medical meetings leave only a general impression, perhaps a mistaken one, and that the ability to record salient points, even to make accurate quotations, secured by a knowledge of stenography, would be of great service. It has been pointed out by others that a considerable field of lucrative and fairly desirable work is open to the trained nurse, if she can combine clerical and medical service in private offices. The value, indeed one may say the necessity of short hand for such service, under modern conditions, scarcely requires argument.

The value to the patient of an accurate history and record of treatment and progress, is easily appreciated, particularly in special practice in which considerable numbers of cases of similar nature and requiring accurate checking of treatment and success or failure, are liable to confusion, unless the details are recorded from one consultation to another. The advantage in a purely business way to the physician, is also considerable. The ability to reissue a prescription or to state a definite reason for not doing so, to place the responsibility for statements as to past history, results of treatment, etc., directly on the patient, when he subsequently claims to have said something different, to be able to show that a certain point in diagnosis, etc., was not overlooked, to have available a full record of a patient that can be produced at any subsequent time, not only gives the patient more confidence in the physician, but protects the latter against petty assaults on his reputation and against suits for malpractice. For instance, sometime ago, we accidentally met a former patient. In response to the usual inquiry as to health, she replied, "Oh, you did not understand my case at all, I went to another doctor and he told me that I had gall stones." The patient was asked to come to the office, and was shown the record, plainly endorsed "Gall stones," while the short hand notes were read to her. Of course, the question as to the properity of withholding immediate advice for operation remained but, as the patient continued to suffer after the removal of the calculi and has recently died under a secondary operation, this question may now be considered as satisfactorily answered.

The accumulation of accurate notes of cases, also allows one to form definite opinions as to various matters in diagnosis, symptomatology and the results of treatment and such opinions are much more valuable than general impressions. We recall, for example, a case in which an attendant somehow confused two patients and treated a man for renal hemorrhage, who had nothing of the sort.

It may be said, of course, that long hand or the typewriter is sufficient for records. It is, however, seldom practicable for the physician, or desirable from the standpoint of privacy, to have an assistant present

during the interviews with the patient. For the physician himself to make a long hand or typewriter notes requires much loss of time and much trouble. As a matter of actual experience, the trouble is nearly prohibitive, for routine employment. Practically the maximum speed for "long hand" is 20 words per minute. Aside from record speeds, typewriting varies from 20 to 60 words per minute, and is obviously time-consuming for brief records. The average man can compose and dictate at the rate of about 60 words per minute, which is the limit of speed of the ordinary office stenographer. Public speaking varies from 100 words for deliberate utterance in a large hall to about 150 words per minute. Reading and conversation run up to 200 words per minutes. It is obvious that one who can write "as fast as he can think" and have a record which is unintelligible to the ordinary rummager, is much better equipped for making accurate records than one who must spend at least three times as many minutes and that the comparative secrecy of the record is also of great advantage to the physician.

In the preparation of papers for publication, the man who can write short hand can save much time over the one who has to dictate to a professional stenographer unable to make technical corrections or, as is often the case, to spell technical words or to correct the grammatic and rhetoric errors that almost every one makes in extemporaneous speech.

As to choice of system of short hand, it may be said that the Pitman and various modified systems which do not include vowels in the word-outline, or which indicate vowels by position of the outline with reference to a horizontal line, are read with great difficulty after they have "grown cold" or by any one who tries to decipher another's notes. A system which includes the vowels or which may actually omit them but indicate by the shape of the word outline what vowel would be written, is especially adapted to the physician's needs, since it may be used for writing Latin and Greeks words, either according to the English or classic pronunciation and German, by slight modification for sounds not present in English. The pronunciation of French is so different from accented languages, that it is only with difficulty that any English system can be used. These remarks apply only to phonetic systems of short hand. The relative merits of phonetic and alphabetic systems involve a lengthy discussion.

A knowledge of short hand may also be considered in the light of insurance. An expert verbatim stenographer earns more than the average physician and even moderate familiarity gives one a sense of security as to being able to earn a small living, in case of unforeseen failure.

An understanding of stenography involves more work than can ordinarily be undertaken in connection with a technical course in medicine, nursing, etc. This work is approximately equivalent to that required to master a foreign language through the grammar and up to the point of simple translation; it involves somewhat similar intellectual capacity and yields analogous educational training.

Acute Poliomyelitis in Pennsylvania.—According to figures complied by Dr. Samuel G. Dixon, Pennsylvania State Commissioner of Health, 443 cases of acute poliomyelitis were reported in forty counties of the State during the month of August. One hundred cases were reported from Northampton County, 96 from Lancaster County, 68 from Philadelphia County, and 52 from Lehigh County.

Dr. Tyson Retires.—The resignation of Dr. James Tyson, professor of medicine in the medical school of the University of Pennsylvania, went into effect with the opening of the fall session. He announced his intention to retire last Spring. In point of service Dr. Tyson is one of the oldest members of the faculty of the university, and one of its most esteemed teachers. He has stepped down entirely at his own volition, and his loss will be felt keenly by both the faculty and the student body. Dr. Tyson is 69 years of age, and has been connected with the medical department of the university for over forty years.

Epidemic Poliomyelitis.—Dr. Simon Flexner of the Rockefeller Institute has issued a request for specimens of the nervous system from fatal cases of epidemic poliomyelitis, which is widely prevalent throughout the United States and Canada at the present time. The specimens should consist of portions of the spinal cord, perferably of the lumbar or cervical enlargement, removed as soon after death as possible, and preserved in plenty of pure glycerin. The specimens are to be used for experimental purposes and may be sent by mail or by express, collect, to Dr. Flexner at the Rockefeller Institute, Sixty-sixth street and Avenue A, New York.

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THOMAS A. HOPKINS, M. D., Editor

EDITORIAL ASSOCIATES:

DR. R. B. H. GRADWOHL, St. Louis
DR. C. W. HEPBURN, Philadelphia
DR. A. F. KOETTER, St. Louis
DR. O. E. LADEMANN, Milwaukee

Editorial Rooms, Suite 319-320 Century Building, St Louis, Mo.

EDITORIAL

The Carnegie Report on Medical Education.

The so-called Carnegie Foundation Report on Medical Education has at last reached us. We say "at last" in spite of the very evident fact that it has been gotten into print and distributed with remarkable promptness; an impatience to see for one's self, what is occasioning so much comment and not a little disturbance, made the necessary delay in its appearance tedious. The report has been so generally discussed in the medical press and has met with so much commendation and disapprobation that another opinion on it cannot materially affect its usefulness. Unlike some we feel no particular grievance that the foundation has taken upon itself this investigation; it may be that the government and the government alone has authority to pass with approval or disapproval on our educational institutions, but the government has other things with which to busy itself and has not done it; the cause of education has a debt of gratitude which it owes the foundation in the matter. Certainly the laying bare of the defects of American medical institutions must be to the future advantage of our profession and the immediate advantage of those who are preparing to enter it. The report is plainly biased in favor of the universities, but it is an honest bias and easily explained by very evident facts. But what the report does not show is that in spite of endowments and more elaborate equipment the graduates of the universities do not with any uniformity excel when it comes to the practical application of their education outside of the laboratory and hospital. The man who shines at the bedside in the remote cottage, in a situation where he has to depend on his own resources, is the man from the lesser school who has learned how to find things out and how to do things without having a modern laboratory equipment at his elbow and consultant within earshot. In spite of this report we still believe that there is a tremendous field for the properly equipped and scientifically conducted independent school. That we have altogether too many schools we readily grant, we believe that one mission of the report will have been an agency in the diminution of their number. Which shall go and which stay remains a question, but in the local field prediction is not very difficult.

The report shows emphatically that the American profession is overcrowded to an extent that makes the making of a living by the average of physicians in any community a precarious matter. The remedy suggested is to reduce the future output by increasing the difficulty of reaching the field, thus bringing the relation of population to our profession to a livable proportion. This idea leaves utterly out of consideration the welfare of the wage earners of the country, who are now doing without medical service wherever they can simply because they cannot afford it, who are independent, self-respecting folk who would suffer before they would avail themselves of the free clinic. If we could decrease the number of physicians today to its proper normal and increase each man's income to its proper normal by increased business rather than by increased fees, there could be no objection, but you can take our word for it the fees would go up and the people would suffer. Could our profession be so wise as to leave the fees alone under the new condition and be satisfied with increased business as it comes all would be well. Another method of hastening normal proportions which, in so far as we have discovered, is not mentioned in the report, might be the immediate checking of the importation of second and third sons from Europe, who come to this country to practice in our already overcrowded profession, with existing conditions there is no call for further immigration of this kind.

The report gives us much interesting and valuable information. The brief and plain story of each of the 155 schools of medicine (including osteopathy) in the United States and Canada has never been so well or so honestly told before; we would have had no occasion for anything but approval had there been some way to weigh and report at the same time on the efficacy of the output, examination reports do not do this and never can.

Alcohol applied externally and zinc phosphide and nux vomica internally are the right treatment of shingles.

"606" and Syphilis.

There is no one disease with which the race is subject which so stands alone in its possibilities for evil as does syphilis, yet until within the past decade the medical profession seems to have jogged along making no material advance in its method of dealing with it, content to continue the agents and methods of the fathers. It seems something more than surprising that this disease has not been the one to occupy the first attention of those investigators to whom we look for new remedies and methods. The awakening dates back but a few years, since we have had numerous new mercurials, various changes in technique, the discovery of the spirochete palilda, the development of various laboratory and clinical tests for definite diagnosis, and generally adopted endeavor to deal with greater scientific intelligence with the disease. But the profession seems wedded to the idea that there are but two agents on which dependence can be placed in treating this disease, an idea which the recently announced specific of Ehrlich must upset, for it is not a mercurial, nor an iodide, but an arsenic synthetic.

Ehrlich's investigations have covered a considerable period and the use of no small number of agents. His 606th agent was dioxydiamidoarsenobenzol, which has for brevity's sake been allowed to travel under the name "606," but which should, we believe, be given a title more in keeping with medical usage and dignity. This remedy he found in his work on lower animals to be a specific for various spirilla and its possibilities were immediately apparent. Limited quantities were then furnished such clinicians as Iversen, Neisser, Michaelis, Alt, Loeb, Wechselmann, Scheriber and others and the reports that are appearing in the German medical press indicate that it is indeed the great discovery in medicine of recent days. These reports read almost too good to be true and make one impatient that the remedy is not to be immediately available for use; while much about it is now definitely certain there is still much to learn and the authorities who are developing the clinical side of the picture purpose a clear view before the remedy is put on the market. We may be impatient, but if we have, as we seem to have, reason to believe that we will presently through it be enable to cure aggravated syphilitic conditions in three or four treatments we can afford to possess our souls with patience.

Subscribe for the Medical Fortnightly.

Death of Dr. J. F. Menistrina.

The death of Dr. J. F. Menestrina, which occurred late in July and at a time when the summer's vacation interfered with our giving immediate expression, removed from the local circle of energetic and aggressive workers a prominent man. Dr. Menestrina had made for himself the foremost rank among Italian physicians of America, and he was an equal among the actively scientific elment of the fraternity. That he should have been taken at the early age of 43, when he was most needed by his family and when his ambitions seemed near the fullness of realization, is hard to understand. Death came so suddenly that it was wholly without warning. Within the week before he was stricken he had called at our office with the preliminary draft of an original article which covered the findings of a very considerable research work already done, and some which was under way; this article was to have appeared in the Fortnightly in the early fall—it can never be completed. His place will never be filled. While he was essentially an American in his attitude to things medical and otherwise, he was Italian by birth and in association, there is no one ready to fill the important relation he occupied to the sick, whether rich or poor, of his own nation in St. Louis and this vicinity.

The St. Louis profession has lost a valuable member. The family has lost a wise and thoughtful husband and father.

The New St. Louis Pharmaceutical Society has materialized, and other cities, as well as the several hundred pharmacists of St. Louis, will watch with interest the efforts of this organization, which starts out with twenty-five members, in its ambition to fraternize with the medical profession and conduct stores on professional lines.

To Save Sight of Babies.—Social settlement workers and physicians have organized the State Sight-Saving Society—the Missouri Association for the Prevention of Blindness. Dr. John Green, Jr., St. Louis, is chairman, and Drs. Clarence Loeb, Frederick J. Taussig, and Albert H. Hamell, all of St. Louis, are on the directorate, the latter representing the State Board of Health. The object of the association is the awakening of the public mind to the enormous amount of preventable blindness throughout the state.

REPORT OF THE COUNCIL ON MEDICAL EDUCATION AT THE 1910 MEETING AT HANNIBAL.

To the President and House of Delegates of the Missouri State Medical Association:

Your Council on Medical Education desires heartily to congratulate the Missouri State Medical Association upon the record it made last year in favor of advanced medical education. Most favorable criticisms of your action have been received, not only from prominent men of the profession and laity of Missouri, but also from many interested in education matters outside of the state. You, then, by a most flattering vote, adopted the scheme of medical education recommended by the Council on Medical Education of the American Medical Association, which was as follows:

MINIMUM REQUIREMENTS.

1. Preliminary requirements to be an accredited high school education, or its equivalent, such as would admit the student into one of our recognized universities.

2. Preliminary requirements to be passed on by a state official, such as the superintendent of public schools, and not by an official of the medical college.

3. A medical education in a medical college having four years of not less than 30 weeks each year of 30 hours a week of actual work.

4. Graduation from an approved medical college required to entitle the candidate to an examination before a state examining board.

5. The passing of a satisfactory examination before a state examining board.

ADVANCED REQUIREMENTS.

That, as soon as practicable, an additional year be added, devoted to the study of physics, chemistry, biology and one or two modern languages. This additional year's studies to be taken in a medical college or a college of liberal arts.

THE IDEAL STANDARD OF REQUIREMENT.

The ideal standard for a degree of doctor of medicine to consist of the following requirements:

(a) A preliminary education sufficient to enable the candidate to enter one of our recognized universities.

(b) A five-year medical course, the first year of which should be devoted to physics, chemistry, biology and one or two modern languages.

(c) A sixth year as an intern in a hospital or dispenasry should then complete the medical course.

Your Association also, by its vote, made the Committee on Medical Education permanent, by requiring each member to be appointed by the President for three years. One member retires each year. This we deem a wise enactment, as thereby the members become acquainted with the important demands of and advancements in medical education, and are better able to make more valuable annual reports.

Although somewhat outside the duties of this committee, we would venture the suggestion that other of your committees, such as those on Public Policy and Legislation, Tuberculosis, etc., could do better work if made thus permanent.

In order to get a better line upon the work being done by the Council on Medical Education of the American Medical Association, and to become acquainted with the trend of thought on medical education, as voiced by the prominent men in attendance, your committee was represented at the meeting of the Council on Medical Education, held in Chicago, March, 1910. The presence on that occasion of so many leaders in the profession and such noted educators as the Hon. Elmer Ellsworth Brown, United States Commissioner of Education; Henry S. Pritchett, President of "Carnegie Foundation for the Advancement of Teaching;" J. G. Schurman, President of Cornell University; Dr. Victor C. Vaughn, Dean of the Medical Department of the University of Michigan; George E. MacLean, President of the Iowa University; Cyrus P. Northrop, late President of the Minnesota University; Prof. Ernest Freund, Law Department, Chicago University, Hon. Harry Olson, Chief Justice of Municipal Court, Chicago, and many others of equal prominence, all discussing medical education, spoke volumes for the importance of the subject and indicated the profound interest with which it was regarded by both the laity and the profession. It was markedly in line with the great "educational boom," which has spread over the country during the last few years, more especially throughout the south land, to give the people better educational facilities, both in general and professional schools. These annual meetings conducted by the Council on Medical Education are veritable educational "love-feasts," and should be attended by the Committee on Medical Education of every state association.

At its 1910 meeting, it was shown that 138 medical colleges and 22 sectarian schools are still operating in the United

States, almost as many as exist in all the rest of the world.

MEDICAL COLLEGES OF THE WORLD.

Nation.	Colleges.	Nation.	Colleges.
Argentine	2	China	3
Australia	3	Columbia	1
Austria	7	Cuba	1
Belgium	4	Denmark	1
Brazil	3	Egypt	1
Canada	8	England	21
Chile	1	France	5
Germany	20	Norway	1
Greece	1	Peru	1
Guatemala	1	Portugal	2
Hungary	2	Roumania	2
Iceland	1	Russia	10
India	4	Scotland	8
Ireland	4	Spain	9
Italy	20	Sweden	3
Japan	7	Switzerland	5
Mexico	1	Syria	2
Netherlands	4	Uruguay	1
New Zealand	1	Wales	1

Total medical colleges in all foreign countries 172
Total in the United States alone 138
Counting also the 22 sectarian schools, the graduates of which treat diseases, gives the United States a total of 106

Exclusive of the sectarian schools, these 138 United States colleges graduated 4,442 physicians in the year 1909. Half this number of schools and one-third of the graduates would meet all the requirements of the country.

The annual inspection by the Council on Medical Education shows that almost half of these colleges are doing unsatisfactory work. In several schools, only lecture-room, blackboard and table were found. A number only drill their students in answering questions asked at state board examinations, having no use for laboratories or clinics. Many graduates of these schools were noted as having successfully passed state examining boards. Others were conducted as night schools, requiring four-year course of 30 or 40 weeks, with 3 to 4 hours' daily work with but meager laboratory and clinical facilities. One of these fake institutions has existed for some years in Missouri, but, thank God, its death is announced to take place this year. On the other hand, some of the highest grade medical schools in the world were found in the United States.

GRADUATES OF MISSOURI SCHOOLS EXAMINED 1909, BY STATE BOARD OF HEALTH.

Name of College.	Total Examined.	Passed.	Failed.	Per Cent of Failure.
Barnes, St. Louis	42	29	14	33
College of P. and S., St. Louis	31	15	16	52
Ensworth, St. Joseph	10	7	3	30
Hahnemann, Kansas City	2	1	1	50
Homeopathic, St. Louis	4	2	2	50
St. Louis University	38	37	1	2.6
University Med., Kansas City,	37	25	12	32.4
University of Missouri	3	3	0	0
Washington University	44	41	3	6.8
American Medical, St. Louis	3	3	0	0

A compilation of the results of all the state boards' examinations of medical college graduates is made annually by this Council, wherein is noted the number of graduates who passed and failed from each school. This table is published each year in the Journal of the American Medical Association, and presents a relatively fair standing of the various colleges. The secretary of the State Board of Health has kindly furnished your committee with the preceding tabulated statement of the result of the examination by that board of the graduates of the medical schools of Missouri.

Consideration of this table, as well as the reports of other states, generally shows that the medical schools connected with universities have the smallest percentage of failures and hence are doing the best work.

The secretary also states that the Missouri State Board of Health at the present time considers the following Missouri medical schools as creditable: Washington University, University of Missouri (which teaches only the first two years of the medical course), St. Louis College of Physicians and Surgeons, American Medical College (St. Louis), University Medical College Kansas City), Ensworth Medical College (St. Joseph), Barnes Medical College (St. Louis), and the Medical Department of the St. Louis University. We would add that the inspection, made the same year, by the Council showed only four of these schools as acceptable, the balance needing more or less improvement to do creditable work.

The osteopaths have a board of examiners of their own, and, according to the Missouri statutes, are not considered practitioners of medicine and surgery.

Another interesting feature of the work of the Council on Medical Education during the past year is the tabulation by states of the ratio of physician to the population:

PROPORTION OF PHYSICIANS TO POPULATION.

State.	Population.	Physicians.	People to each Physician.
Alabama	2,112,465	2,287	924
Arizona	154,152	246	626
Arkansas	1,476,582	2,535	583
California	1,729,543	4,312	401
Colorado	653,506	1,691	386
Connecticut	1,054,366	1,424	740
Delaware	199,353	220	906
District of Columbia	332,212	1,231	262
Florida	679,742	786	865
Georgia	2,557,412	2,887	886
Idaho	227,670	343	664
Illinois	5,717,229	9,744	587
Indiana	2,808,115	5,036	557
Iowa	2,192,608	3,624	605
Kansas	1,703,002	2,650	642
Kentucky	2,406,859	3,708	649
Louisiana	1,618,358	1,798	900
Maine	724,508	1,198	605
Maryland	1,319,132	2,012	655
Massachusetts	3,162,347	5,577	567
Michigan	2,666,308	4,109	649
Minnesota	2,162,726	2,204	981
Mississippi	1,786,773	2,054	870
Missouri	3,491,391	6,323	552
Montana	333,665	417	800

Nebraska	1,069,579	1,776	602
Nevada	42,335	177	239
New Hampshire	443,140	680	652
New Jersey	352,522	2,544	925
New Mexico	229,937	367	626
New York	8,706,089	14,117	617
North Carolina	2,142,084	1,761	1,216
North Dakota	536,103	552	971
Ohio	4,594,240	7,838	585
Oklahoma	1,592,401	2,703	581
Oregon	505,339	782	646
Pennsylvania	7,241,716	11,056	655
Rhode Island	521,302	720	724
South Carolina	1,510,566	1,141	1,324
South Dakota	498.077	607	820
Tennessee	2,248,404	3.303	681
Texas	3.780,574	5,789	653
Utah	336,1 2	359	908
Vermont	333,739	663	533
Virginia	2,032,567	2,215	917
Washington	662,886	1.404	616
West Virginia	1,135,206	1,608	706
Wisconsin	2,356,784	2,518	936
Wyoming	109,244	202	541
United States Army, Navy and M -H. Service		915	
Total	88,043.455	134,402	655

These figures are taken from 1909 estimate made by the Census Bureau and from the second edition of the American Medical Directory, and necessarily make the number of people (655 to one physician) too great. To the list of practicing physicians should be added the large number of drugless healers, such as osteopaths, faithcurists, Christian scientists, magnetic healers, followers of the Emmanuel movement, ed id omne genus, and you will have the number caring for the sick easily reaching 200,000 or more. Divide this number into the population and you will have only 440 people to each physician. In other countries, where the economic side of the practice of medicine has been longer and better studied, it has been found that every country practitioner there should be 1,000 people, and to the city practitioner 2,000 people, or an average of 1,500 to each physician. It is thus readily proved that we have three or four times as many physicians in this country as are needed. No wonder that their average income is cut to $600 or $700 per year. Think of it, working seven days per week, on all holidays and often at night for less than $2 per day. No wonder that their credit is bad at the medical supply houses, or that a national organization exists that has a dead beat list of 20,000 names of doctors; and the President of this organization says that the list should contain 20,000 more. These figures speak ill of our morals as well as our incomes. It is certainly timely that the organized profession should be looking after the economic condition of the physician, and we hope that when Brother Funkhouser gets returns from the little slips sent out, he will be able to evolve plans for the betterment of the profession.

Your by-laws demand that this committee shall make an annual report on the condition of medical education in the state.

On this subject we would report progress. There are fewer medical colleges than last year and the existing ones are reported as having added improvements and doing better work. Still the situation is not altogether satisfactory. Missouri has too many medical colleges. The cost of operating these colleges acceptably is greater than the income from students' fees. In twenty-five leading medical schools it costs from $250 to $700 to teach each student in the sophomore and freshman years. President Schurman, of Cornell University, says it costs them between $2,000 and $3,000 for every medical student graduated from their medical department.

All unendowed medical colleges should join together and unite themselves to some university. This has been successfully done in many states. All the medical colleges of Indiana united and became the medical department of the Indiana University. In Kentucky all the medical schools have merged into the University of Louisville. The same has occurred in Cincinnati, Iowa, Minnesota and other places, thereby lessening the expense and increasing the efficiency of the colleges. Your committee would suggest that this Association put itself on record by passing a resolution to the effect that it is contrary to the best interests of both the public and the profession to establish any new medical college in this state unless said school is endowed and connected with some reputable university.

Your committee believes that the time has come, in the furtherance of medical education and the uplifting of the profession, when an advanced requirement should be added to the present preliminary requirements for the study of medicine. An education corresponding to an accredited high school course is now required. We would both suggest and urge that the State Association pass a resolution recommending that to the present minimum requirement, one year, devoted to the study of chemistry, physics and biology, he added. This year's work may be taken in a college of liberal arts, or in a medical school. There are many arguments in favor of this advanced requirement: It is to the interest of the public that thoroughly qualified medical men be furnished for the protection of public health and for the prevention and cure of disease. With or without state endorsement, more than fifty of the best medical schools of the country, beginning this fall, will demand this additional requirement of their matriculants. Among the number are three Missouri schools, viz.: The Missouri

State University, the Washington University and the St. Louis University. Seven states have already adopted it. The situation, then, is this: Will the Missouri State Medical Association pass the suggested resolution and thus throw its influence in favor of advanced medical education—in favor, perhaps, of fewer but better qualified physicians—or will you do nothing and thus tacitly clog the wheels of professional progress? All the state universities, including the University of Missouri, are demanding two years of college work as a preliminary for entrance to their medical departments. Ought not, then, our State Examining Board to be justified in demanding one such year's work? Then the physicians of the United States would stand on an equal footing in education with those of England, France and Germany, a condition hitherto never recognized. Perhaps the strongest argument in favor of requiring one year of university work is that it will stop all medical colleges, and especially those seeking students regardless of qualifications, from accepting inferior high school certificates. The quality of a high school certificate has ever been a source of dispute and wrangle, owing to the endless variety of these secondary schools. To put this advance requirement into effect, the present state laws must needs be modified. For wholesome reasons it is of the utmost importance that these advanced requirements with an acceptable medical course should apply to every one treating the sick and afflicted, either bodily or mentally. This law would then apply to all the sects in practice instead of to physicians alone. In Canada, under these conditions, all the eclectic and homeopathic schools have closed. In like manner they are rapidly dying out in the United States. High requirements would soon rid the state of the osteopaths. In New Jersey they were recognized as practitioners of medicine and allowed to register as such as soon as they passed the state examination board. So far not an osteopath has applied for license.

Of great importance, in furnishing the public with practically educated physicians, is the manner in which the examination of graduates is conducted by our State Board of Examiners. There are four recognized methods of conducting these examinations, viz., written, oral, laboratory and clinical. The written examination is the easiest, but, in the opinion of your committee, the least efficient in finding out the real knowledge of the applicant. All that is necessary to pass such an examination is a good memory and familiarity with a "quiz compend." Such an examination is altogether favorable to the graduates of low grade medical colleges. On the other hand, laboratory and clinical examination would show what the candidate knew and could do, and how well he could make a diagnosis and apply treatment. This method is in vogue all over Europe and Canada, is working very satisfactorily in some of our own states, and in the opinion of your committee, should be put in operation by the Missouri State Board of Examiners. A further improvement would be the divided examination, which permits the student desiring to do so to take an examination on branches studied at the end of his second medical college year. This enables him to determine whether he is sufficiently grounded in the fundamental branches before taking up the clinical work. This plan is generally followed in schools with graded course.

Last year we recommended the organization by the county societies of post-graduate classes for systematic study of the various phases of medicine. It is gratifying to note that this plan has been adopted and found successful by several, among whom are the following counties: Boone, Buchanan, Caldwell, Cass, Greene, Henry, Johnson, Lafayette, Macon, Nodaway and Vernon. In order to encourage this kind of work, the State Anatomical Board has authorized its secretary, Dr. C. M. Jackson, Columbia, to furnish cadavers for dissection to post-graduate classes organized for this purpose under the auspices of the county medical societies. Arrangements have already been made to furnish material to classes in Jasper, Pettis and Vernon counties.

In order to provide more extended facilities in the way of medical literature, to organizations of individuals who may desire them for study, the State University has thrown open its medical library as a free circulating library to the medical profession. Any member of the State Medical Association may (by paying transportation charges) borrow any desired book for two weeks, subject to a renewal for two weeks if not needed elsewhere. Special arrangements will be made for loan collections to the county post-graduate classes. The library contains about 4,000 volumes and over 100 periodicals, many in complete sets. A complete catalogue of the books and periodicals in the library has recently been published, and will be furnished free upon application to the librarian.

No report on medical education in Missouri would be complete at the present

time that did not mention the Medical Department of Washington University and and note her plans for improvement. As recently announced in the press, $5,500,000 are assured to her through the generosity of several St. Louisians, to build and endow a medical school and hospital on a scale unsurpassed, if equaled, in this country. Ground has been bought near beautiful Forest Park. Buildings are to be erected on elaborate and scientific plans, both for teaching and hospital purposes. Already a number of the most professional standing and teaching ability, have been added to her already large and efficient faculty.

Such an institution, located in the central city of the country, in the commonwealth of Missouri, with modern buildings, fully equipped laboratories, well-managed hospitals and clinics, high standard of preliminary and medical requirements, and managed by learned experts in every department, is already a success and marks a new epoch in medical education in the Middle West.

Respectfully submitted,

B. M. HYPES,
C. LESTER HALL,
C. M. JACKSON.

The International Medical Association for the Prevention of War.—The organization of a society of medical men under the above title has recently been suggested, and an executive committee has been formed, Dr. J. Riviere of Paris being at its head. It is hoped that a congress may be held in Paris some time in 1911. In this country the association is represented among others by Dr. W. B. Snow, of 329 West Fifty-seventh street, New York, and Dr. George Brown of Atlanta, Ga.

Floating Drug Stores in Malaysia.—According to Consul-General James T. DuBois, of Singapore, the sale of Western medicines in the Malay Peninsula should find impetus under the new system of distribution. A dispensary boat—an ordinary house boat, with a crew to pole up stream and paddle down stream—will be equipped with Western medicines and cruise on the Pahang River in charge of a Malay "dresser." It will also facilitate the free distribution of quinine to the natives, which work has hitherto been accomplished through the agency of police stations and school teachers.

SOCIETY PROCEEDINGS

The Annual Meeting of the Medical Association of the Southwest will be held in Wichita, Kas., Tuesday and Wednesday, October 11 and 12, under the presidency of Dr. G. H. Moody, of San Antonio, and the scientific program in preparation promises much of interest to every one in the practice of medicine, be he general practitioner or specialist. Programs will be mailed in a few days; should you not receive a copy, notify the secretary Dr. F. H. Clark, El Reno, Okla. Dr. Edw. H. Ochsner, of Chicago, will deliver the address in Surgery, on Tuesday evening, chosing for his subject, "The Prevention and Treatment of Septic Infections of the Extremities." After the evening program, a banquet will be tendered the members in the Masonic Temple. Another feature of the entertainment will be a smoker in the Scottish Rite Hall on Thursday evening. Dr. Chas. E. Bowers, chairman of arrangements, assures us that the ladies will be gracefully entertained, on Tuesday and Wednesday afternoons, and urges all members to bring their ladies. A special party is being made up of members and their friends, leaving Kansas City on Monday evening, October 10, 10 o'clock p.m., via the Santa Fe route, and the special Pullman cars will be set out at Topeka for their convenience, allowing them to sleep until 7 in the morning. Write or wire for your reservations to Dr. Chas. Wood Fassett, St. Joseph, or phone the Santa Fe ticket office.

AMERICAN PROCTOLOGIC SOCIETY.

Twelfth Annual Meeting, held at St. Louis, Mo., June 6 and 7, 1910.

(Continued from page 362.)

The Treatment of Rectal Fistula.—(By J. Rawson Pennington, M.D., of Chicago, Ill.)—Who referred to three methods, viz.: simple incision; the injection of bismuth paste; the incision or excision with immediate suture (proctorrhaphy).

Of the simple incision he said: Those of us who are operating quite frequently for this malady know its disadvantage, drawbacks, and frequent failures to cure. That this operation has done more than any other, unless it be that of the ligature or clamp and cautery operation for hemorrhoids, to bring disrepute upon rectal surgery. That the laity dread a rectal operation more than any other surgical procedure because of the fear of pain, the fear of re-

covery and the fear of loss of control over the bowels. Yet, we know that each of the above operations in the hands of experts give good results. Concerning the injection of bismuth paste, he said: To treat a rectal fistulae, the paste is liquefied by heating in a water-bath and injected into one of the openings with a metal or glass syringe. The other opening or openings are kept closed by an assistant while the injection is being made. Enough force is used until one feels reasonably sure that all tracts and diverticuli have been filled. The paste may be forced into some line of cleavage if too much tension is used and carried along this line to some distant organ or healthy tissue and deposited there with deleterious results.

Of excision or incision with immediate suture (proctorrhaphy) he said: This method is the most rational of all surgical procedures, that he dissects and removes the entire tract when a probe or director can be passed through the fistulous channel and into the rectum. That he then searches out and removes any diverticuli or tracts connected with the main tract. If this can not be, or should not be done he then incises the fistula and dissects out all granulation tissue. If needs be the wound is disinfected with carbolic acid and alcohol.

Suturing the wound may be done by lembertizing the line of incision from its termination in the rectum to the anus. The ends of the severed sphincters as well as the deeper portions of the incision are next brought together with interrupted catgut sutures. The skin and fascia are sutured with interrupted silk worm-gut. He dresses the wound with iodoform or plain gauze and applies a T bandage. He maintains that proctorrhaphy, or the paste, or a combination of the two, offers the nearest approach we have to the ideal method of treating extensive rectal fistula.

The Tuberculin Reaction in Cases of Perirectal Infection.—(By Collier F. Martin, M. D., of Philadelphia, Pa.)—The author was so impressed with the frequent coincidence of pulmonary tuberculosis and perirectal infections that he began a series of tests and examinations to determine their relation.

He uses the Moro tuberculin reaction, combined with physical and bacteriologic examination.

In his preliminary report of 36 cases, which he divides into two groups, he got the following results:

Group I.—Rectal pyogenic infections, including here fistulae, abscesses, and deep rectal ulcerations. There were 20 positive reactions out of 21 cases. The negative case was one profoundly tuberculous.

Group II.—Nonpyogenic rectal cases. There were 11 cases, including hemorrhoids, fissure, and catarrhal proctitis, with three positive tuberculin reactions. This he holds, is probably the ratio of tuberculosis in this class of cases. One negative case in this group was intensely tubercular, with extensive lung lesions evident, and with abundant tubercle bacilli in the sputum.

Accepting the tuberculin test as a specific one, he got 100 per cent positive in group I, and about 36 per cent in group II. The four cases giving negative reactions, yet being proved tuberculous, by sputum examination, proved to be of very low resistance, two dying in a few months and two, at present, in a precarious condition.

He emphasizes "continued history taking" as being extremely valuable to the proper appreciation of the case.

The author places particular stress on the prognostic value of the tuberculin test.

Accepting the positive reaction to tuberculin as indicative of a tuberculous lesion somewhere in the body, his conclusions are as follows:

1. Two consecutive, negative reactions, with no physical signs in evidence, is conclusive proof of the absence of such lesions.
2. Two consecutive negative or feeble reactions, with physical signs of a lesion somewhere, is indicative of a very grave prognosis.
3. The degree of the reaction is directly proportionate to the degree of the resistance of that individual.
4. That the tubercle bacillus, like no other, reduces the bodily defences to pyogenic invasion.
5. That in practically all rectal pyogenic infections, there is a tuberculous lesion somewhere in the body.
6. That the classification of perirectal infections into tuberculous and non-tuberculous is untenable.

His investigations have caused the author to raise the following questions:

1. Is the primary tuberculous lesion pulmonary?
2. Is the local infection tuberculous?
3. Do the tubercule bacilli gain entrance into the body through the respiratory or the alimentary tract?
4. Is such infection carried to the rectal and perirectal tissues by the blood current, the plymhatis, or directly, by the fecal current?

5. How does the tubercle bacillus influence the pyogenic infections locally, as in mixed infection, or by lowering the body-resistance to the invasion by pyogenic bacteria?

Lane's Conception of Chronic Constipation and Its Management.—(By A. B. Cooke, M. D., of Nashville, Tenn.)—In his monograph entitled "The Operative Treatment of Chronic Constipation," Mr. Lane first defines the scope of the treatise by stating that the term, chronic constipation, as he employs it includes all those conditions which are 'the consequences of the accumulation of material in the intestinal tract for a period sufficiently in excess of the normal to produce on the one hand alteration in the gastro-intestinal tract and in other viscera, and on the other hand toxic changes from absorption. The fact is emphasized that while constipation is usually marked by infrequent hard stools, there may be a daily vacuation, and in exceptional cases the motions are loose and frequent.

The two chief pathologic factors in the production of chronic constipation, according to the author, are enteroptosis and acquired mesenteries or adhesions, the latter resulting not from inflammation, but being developed to oppose the displacement of viscera, the tendency to which exists whenever the erect posture of the trunk is assumed. The displacement and fixation of the several portions of the colon in faulty positions result primarilly in defective drainage, and secondarily in auto-intoxication and pathologic changes both in the gut itself and in the other abdominal viscera.

After describing these changes in detail, the author proceeds to discuss their immediate and remote effects, advancing the idea that in many cases diseases of the appendix, gall-bladder, stomach, duodenum, panceras, kidneys, ovaries, etc., must be regarded as sequelae of chronic constipation. In addition the phenomena resulting from toxic absorption are graphically described and the importance of their recognition stressed.

With reference to treatment Lane states that in no circumstances should operative interference be contemplated till the surgeon has satisfied himself that every means of treatment has failed, whether medical or mechanical. The surgery indicted depends upon the conditions present. In mild cases in which non-operative measures have failed, division of the adhesions and constricting bands may be effective. Severer cases call for more radical surgery consisting either in dividing the ileum and anastomosing it with the sigmoid or upper rectum, thus short-circuiting the fecal current, or, when pain is a prominent factor in the case, removal of the colon in addition.

The writer of the paper, after personal observation of Lane's work, regards his conception of the nature and management of the malady with much favor and thinks it entitled to serious consideration at the hands of the profession.

A Unique Case of Laceration of the Sphincter Ani.—(By A. B. Cooke, of Nashville, Tenn.)—On February 26, 1910, the patient a boy, seven years old, was brought to him at St. Thomas Hospital, accompanied by his father and physician. The following remarkable history was related: About noon on the day named the boy, who lived on a farm, went out to his favorite place behind the corn-crib to attend to a call of nature. While engaged in the act, a pet dog, a hound of middle size, came up from the rear and mounting him affected entrance into the anus and became accoupled. The boy's out-cries quickly brought his mother upon the scene. The dog had reversed his position and was in the same relation to the boy as is ordinarily assumed in the natural act with a bitch. The mother's excitement was naturally marked and in her frantic efforts to disentangle the two she used considerable violence and finally succeeded in separating the dog. The family physician on his arrival found that the hemorrhage had practically ceased, but upon inspection of the bowel found the parts were badly lacerated and advised the patient's removal to Nashville for treatment.

Dr. Cook's examination found very little evidence of external injury. Traction upon the anus, however, showed that several internal lacerations of considerable extent were present. Under general anesthesia the deepest of these was found to be in the middle line posteriorly, extending from a point two inches up the rectum through the sphincter muscles, and out upon the skin surface for a distance of approximately one inch. The external sphincter was torn in two places at this site, one tear being complete, and other partial. Anteriorly there was a second laceration, into but not through the fibers of the sphincter. In addition there was a number of minor tears in the anal margin involving the superficial tissue only. Fourteen interrupted cat-gut sutures were used in repairing the posterior laceration, and four in the anterior one. The others did not require suturing, The

result was entirely satisfactory. Union was prompt and complete and the patient returned home in two weeks with perfect sphincter control.

(To be continued)

According to a press despatch Governor Hughes signed recently a public hospital bill which is of interest to every town, city and village in the state, and which marks a step in advance in hospital development for the State of New York. This bill makes it possible for the common council of a city or the trustees of a village or the governing board of a town, to establish a public general hospital for the care of the sick. Heretofore it has been necessary for any city, village or town which desired to establish such a hospital to secure a special act on the part of the legislature, giving them the authority to do so.

A Bequest to the New York Academy of Medicine.—The will of Mrs. Margaret E. Gray, who died late in August, provides a bequest of $50,000 to the New York Academy of Medicine, to establish the Landon Carter Gray Memorial Fund, in memory of her husband, who was a well known neurologist at the time of his death ten years ago. Mrs. Gray directs that the income be used from time to time to purchase books for the academy library, and requires that in all books so purchased shall have inserted a book plate which she had designed for the purpose and left in a safe deposit box. She directs that if her estate should not be sufficient to pay all bequests that this fund be set aside first.

Cholera in Europe.—An improvement in the cholera conditions in South Russia is shown in the latest reports. For the week beginning August 14 the Sanitary Bureau reported 16,106 new cases, with 7,743 deaths, the figures being several thousand below those for the previous week. The total figures for this epidemic in Russia up to August 21 are given as 121,091 cases and 58,030 deaths. The appearance of the disease in Vienna is reported, the victims being recent arrivals in that city from Hungary. In Roumania it has been thought advisable to omit the annual maneuvers of the army because of the numerous cases of cholera along the frontier. A number of new cases have also been reported from the province of Bari in Italy, cases are reported from Spandau in Prussia, and several suspicious cases have been discovered in Berlin.

THE MEDICAL FORTNIGHTLY

A Cosmopolitan Biweekly for the General Practitioner

The Medical Fortnightly is devoted to the progress of the Practice and Science of Medicine and Surgery. Its aim is to present topics of interest and importance to physicians, and to this end, in addition to a well-selected corps of Department Editors, it has secured correspondents in the leading medical centers of Europe and America. Contributions of a scentific nature, and original in character, solicited. News of Societies, and of interesting medical topics, cordially invited.

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CLINICAL THERAPEUTICS

A forum of original experience with new remedies, to which scientific contributions are invited.

Paroxysmal Dyspnea in Phthisis.—"In paroxysmal dyspnea of phthisis, and to relieve the diarrhea and sweats, thiocol is eminently satisfactory. Two great points in its favor are: Perfect freedom from causing derangement of the stomach and the ease with which it can be carried about. I am thoroughly convinced that any physician who will give thiocol a fair trial will have the same satisfactory results that I have had in 47 cases of phthisis. In this disease the administration of thiocol—5 grn. tablet three times daily—surpasses all other methods of treatment that I have tried during the thirty years I have been in practice."—D. Wagner, M. D., 120 Main street, Springfield, Mass.

P. S.—Thiocol is a product of the

Hoffmann-La Roche Chemical Works, 65 Fulton street, New York.

The Importance of Standardization.—The vegetable drugs used in medicine cannot always be grown under the same conditions. The soil, the season, the gathering time, the temperature—these are variable factors. Consequently, one cannot reasonably expect that the amount of medicinal substance in root, leaf, bark or seed will be constant. Two lots of digitalis leaves may look exactly alike to the experienced botanist, yet in content of active principle they may differ widely. As a matter of course, preparations of drug-plants must be variable in strength if made according to the antiquated methods whose basic idea is that one kilo of crude drug will produce one litter of fluid extract. Suppose that the two lots of digitals leaves referred to were extracted or percolated by the same operator, in the same manner. Would the products be of equal therapeutic activity? Obviously not. In each case the drug would be made to yield one litter of fluid extract, but this very fidelity to pharmacopoeial direction would carry over to the finished product the inequalities present in the crude drug. The only way to secure uniformity in drug products is to standardize them—into other words, to adjust them to definite strength by systematic assay, chemical or physiological. This principle is now pretty well recognized by our leading pharmaceutical manufacturers. In fact, it is to one of the manufacturers, in all probability, that modern medicine owes much of its scientific character. Reference is here made to Messrs. Parke, Davis & Co., who were the first to enter the fields of both chemical and physiological assay and who have practiced and preached standardization for a third of a century. It is a healthful sign that the medical practitioner of today is giving serious thought to the subject of quality in medicinal preparations, for it is a logical assumption that the pharmaceutical market contains many therapeutic agents of very doubtful value. The physician has an obligation to himself and to his patient—an obligation which does not cease with the mere writing of a prescription. His further duty lies in assuring himself that the best quality of drugs shall be used in the compounding of that prescription. And this duty is performed through specification of the brand—a brand that he knows is reliable.

Chemical Composition and Effects Upon the Human Organism.—(Dr. W. H. Morse, Hartford, Conn., in the Pacific Medical Journal.)—The student of therapeutical progress in medical science must be impressed with the observation that some of the greatest contributions have come from sources where the working basis has been a recognition of the indisputable fundamental principle that there is a well-defined relation existing between chemical composition and effects upon the human organism, and that such relationship is as ideally expressed by proper exhibition as it is by the deductions obtained in a well-equipped laboratory of experimental theraputics. Johann Hoff's Malt extract with iron affords one of the most notable illustrations.

There is something that is fascinating to a patient in a tonic beverage. The medicinal preparation that can be employed as a drink, or which represents that which is correspondent with a beverage, gains popularity for this reason. Distinguishing malt as that which may well be termed the proximate principle of the world-recognized beverage, Johann Hoff's malt extract did not require any artificial aids to popularity; and the prestige was sufficient for the creation of favor for the malt extract with iron, and for confidence in its medicinal value. It was at once seen that it was the malt extract with iron. Now iron, well-recognized and appreciated as it is as a medicine, needed to be popularized in this way.

It had long been felt that if iron could be drank, in much the same way as beer or wine, significance would wait on its further popularity. This had been shown, in some measure, by the ferruginous waters. The ascription of the marvelous waited on the brink of the iron spring. It was, therefore, that this malt extract came to a popularity unprecedented in iron therapeutics. Even the child in the public school knew that iron is a constant and necessary constituent of the body. The medical student learned at his preceptor's knee of the essential element in the red corpuscles, and of the important role which it plays in carrying oxygen to the tissues. The tenet that "iron is a food" was given good reception. Theoretically, nothing was more plain than that the system must be fed with iron, so as to make good a deficiency of the metal in the blood. But the form of administration was problematic.

Patients do not take kindly to the ordinary salts of iron. The test of increase in hemoglobin may come up to the highest and best, but the "iron taste" and other "iron" qualities always militate against hearty and medicinal reputation and reception. If, perhaps, we take the Blaud pill as in prime place—and physicians who

have checked its hematinic power against other preparations, are familiar with its superiority—we find that it is imperfect. Though a notable preparation, it does not perform in practice what it promises in theory. So of other iron preparations upon which favor is named in some degree or other. Faults are more or less conspicuous, and the fault of unpalatability, with or without irregularities of action, stands paramount.

It was, therefore, that this preparation made good its reputation. It represented the right qualities of iron in conjunction with the active constituents of the proximate principle of a food-beverage, which in itself is contributive to the highest value of the blood. Malt extract with iron claimed the confidence that it gained; and that it was Johann Hoff's set the seal to the superiority. It is a peptonate of manganese and iron. That is, the two metals are held in a perfect solution as true peptonates, and the solution is positively neutral in reaction. As this amounts to nothing else than pre-digestion, it is manifest that this form of iron does not undergo any change in the stomach, but is rapidly absorbed, and as readily assimilated, the metals being taken up into the blood at once.

The superiority over the ordinary commercial solutions of iron and manganese is manifest. These are made with the aid of acids or alkalies. That is, they are held in solution in the presence of caustic materials, which neutralize, to a certain extent, the hydrochloric acid of the stomach. Oxides of iron and manganese are liberated, and then, by virtue of the action of the hydrochloric acid, are converted into chlorides, which exert an irritating effect, of a caustic nature, on the mucous membrane of the stomach, so that practically very little of the iron comes to enjoy the function of blood-maker.

The laboratory studies and the clinical results from the use of our preparation has resulted in the production of a large mass of reports which go to corroborate and elucidate the claims made by the manufacturers. These reports are from the hands and experience of our leading clinicians, pathologists and chemists, as well as from representative general practitioners.

Among the points of fact which are worthy of attention we may quote:

It is palatable. This may seem to mean but little, but when we consider that the patient for whom iron is prescribed suffers more or less loss of appetite, from slight anorexis to a genuine loathing of food, it is patent that an iron beverage, which is grateful to the palate, cannot but challenge appreciation. The palatability is contributive to appetite. There is no hazard in saying that in ninety per cent of all cases where it is exhibited, a prompt and noticeable increase in desire for food ensues, and is coincident with ability to digest and assimilate. What tonic or stomachic produces better results? There is no interference with digestion. Incident to and coincident with the increase of appetite, there results an improvement in digestive vigor. There is never the slightest production of dyspeptic symptoms, nor ever any evidence of intolerance. On the contrary—and this is noteworthy and deserving of special emphasis—there is a notable improvement in the condition of atonic dyspepsia so constantly present in the clinical conditions for which iron is prescribed. The iron in this preparation, which cannot possibly irritate the gastric mucous membrane, answers to peptic efficiency, due, of course, to the predigestion already referred to.

It is free from all astringency. The signification upon this fact is found in that it does not induce or tend to increase constipation. We hear it said by patients, to the tune of the ancient slogan, "Iron always constipates,"—"It always regulates." The preparation which is so acceptable to delicate stomachs, is quite as acceptable to those sections of the alimentary tract which are none the less delicate. The remedy which does not disturb the stomach, does not disturb the intestines, but, rather, evidences an inclination to repair those disturbances of the functions of which constipation is a symptom. It is, therefore, that to the statement that it does not constipate, we add the statement that it is remedial thereof.

It is readily assimilable. It is readily assimilated. There is no production of headache, no repulsion on the part of the stomach. Not only is it assimilated with ease by the healthy gastro-intestinal tract, but the same good effects are shown in the anemia and adynamia of gastric ulcers and chlorosis, where the sensitivity of the tract ordinarily precludes the exhibition of iron. As it has no chemical action on the teeth, it does not, of course, have any on the mucous membrane of the stomach and intestines. It is offered for assimilation, and it is assimilated. Here, considered as iron medication, a decided advance is represented. The blood and tissues speedily appropriate it. Striking effects ensue. These consist not alone in the production of rapid

increases of hemoglobin and red blood corpuscles, but, as well, in the most marked beneficial influence upon general nutrition. As the hemoglobin increases rapidly and markedly, and as there is the improvement in digestion, the blood tonic effect and the general tonic effect are interrelated, and there is an increased action in all the functions of the body. All clinical studies show that, aside from its blood-forming effects, it has pronounced tonic and reconstructive properties, which cannot be explained in any other way than by a stimulating influence upon the general processes of nutrition. After assimilation there is a stimulation of combustion as shown by the elevation of temperature, increased diuresis, augmentation of excrementitial and disassimilative products (such as urea, phosphoric acid, and the chlorides) in the urine, and an increase of weight.

The number of red corpuscles and their percentage in hemoglobin is increased. The extent of increase may, and does vary, but there is safety in saying that there is not a preparation of iron which, in this repect, is attended with more marked benefit. Chlorosis may be set down as a worthy example; and therein the red corpuscles have been known to increase at the rate of hardly less than 90,000 a day; with as notable improvement of hemoglobin value.

Without finding fault or speaking critically, the question is asked as to the reason why iron is found in the feces after the use of the preparation, if it is thoroughly assimilated? It is admitted that it is to be found, but it is an error to believe that it has passed through the intestines without being absorbed. The fact is, as pathological laboratory research shows, it has been reduced by the red corpuscles and returned to the liver and spleen, whence it is excreted.

Another question is as to the relationship between the assimilability and therapeutic effects and the chemical composition. It is to be observed in reply that there is not a preparation of iron in which this is more marked.

In making choice of Hoff's malt extract with iron as the preferable iron tonic, the recognition is made that it represents an important advance in the promotion of constructive metamorphosis. Introduced as a constructive beverage tonic, it has accomplished construction in all conditions where malnutrition imposes, and where deficiencies in digestion and assimilation are those pronounced features which define innutrition and invite and admit disease-conditions. There is an intrinsic value which belongs to selective influence on nutritive principles, which appoint particular tonic action and effect, whether local or systemic.

Making proof of the fact that it is a nutrient oxygen carrying agent, it adds the fact that it is a tissue nutrient, and therefore cannot but be available in all disease conditions which cause or are coincident with loss of flesh, as well as with anemia. Restoring the vital forces by agencies which build up the tissues, it brings about a healthy activity of the functions of the economy.

The fruit of scientific research, a triumph of tonic effect, adopted world-wide, with a splendid clinical record, and with that record corroborated by the researches of the laboratories—Johann Hoff's malt with iron is a medicine as valuable as it is unique.

College Merger.—The American Medical Missionary College of Battle Creek and Chicago has been merged with the College of Physicians and Surgeons, Chicago, the Medical Department of the University of Illinois.

Diseases Which Kill Doctors.—Some interesting statistics have been published in Paris showing "the diseases which doctors die from." Forty-four per cent, it appears, die from heart affections; 20 per cent from nervous disorders; 20 per cent from the drug habit, and 7 per cent from tuberculosis.

Polk's Medical Register and Directory of North America.—Messrs. R. L. Polk & Co., of Detroit, are now issuing the 1910 edition of their Medical Directory. Containing, as it does, over 2,700 pages replete with information pertaining to matters of medical interest, it would be practically impossible to enter into a detailed account of its merits. It is well worth its price of $10 to any one interested in a book of this description.

Immigration Statistics.—Immigrants to the number of 1,041,570 were admitted into the United States during the last fiscal year. Italians had the largest representation, 223,453; and Koreans the smallest, 19. The Jewish immigrants numbered 84,260; the Germans, 71,380; the English, 53,498; the Irish, 38,832; the Magyars, 27,302; African negroes, 4,966; Japanese, 2,798; East Indians, 1,782; Chinese, 1,770. During the year 156 idiots, imbeciles, and feeble-minded, 160 insane, and 2,471 persons with chronic or contagious diseases were debarred.